

Ethnicity plays a role in food allergies

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Studies done on ethnic differences in food allergies have determined that Children of **Latino**, **African-American**, and Caucasian origin have distinct food allergies. **ethnicity** and **food allergy** research is being conducted at by allergy and immunology experts at Rush University Medical Center, Cincinnati Children's Hospital Medical Center, and Ann & Robert H. Lurie Children's Hospital in Chicago.

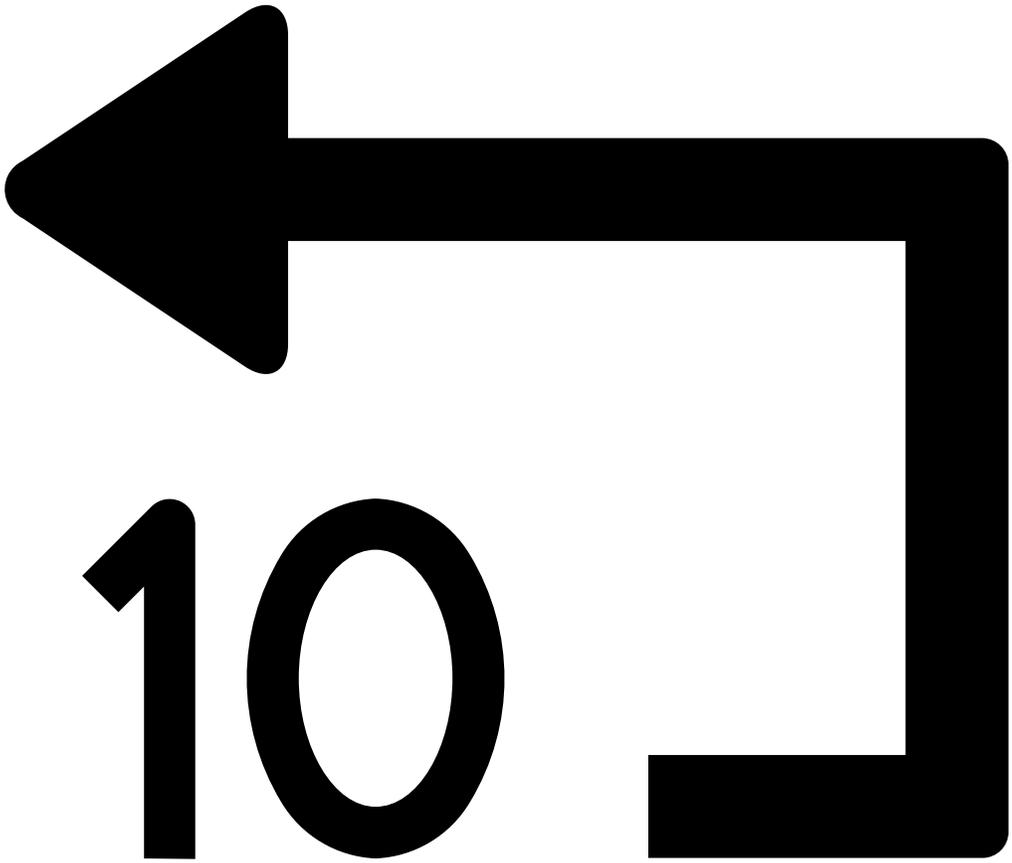
The study

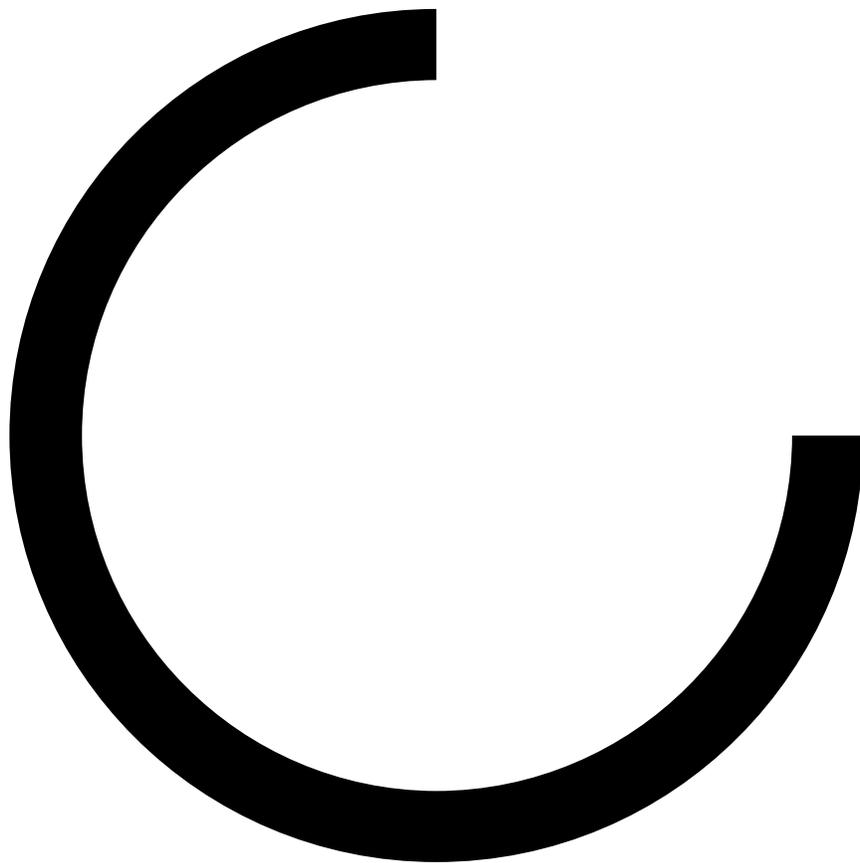
The purpose is to look at food allergy and predict **consequences** that can seriously affect children upon first exposure. **Food-related allergic** responses are on the rise in the US; however, little information exists on frequency, severity, and outcome.

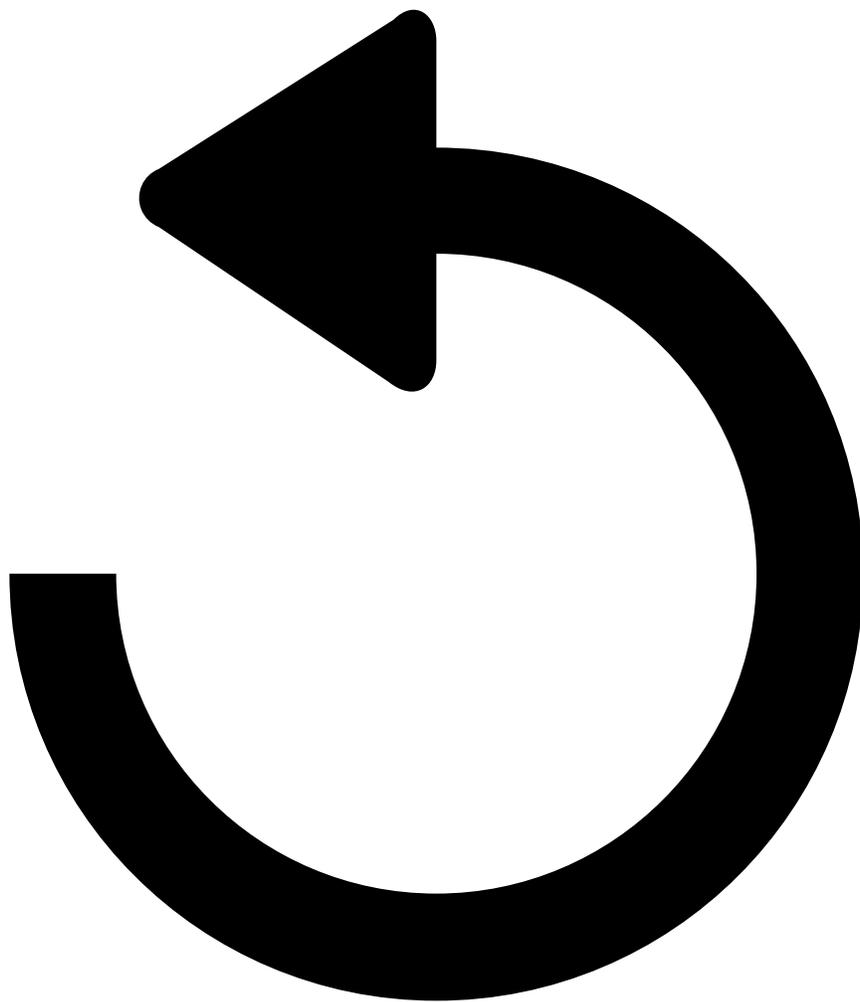
The study sample included 817 children in all **ethnicities** and was composed of 35 percent **African-American** (285 children), 12 percent **Latino** (99 children), and 53 percent non-Hispanic **White children** (433 children). The results showed that compared with non-Hispanic, White children, African-American, and Latino children had significantly higher odds of allergy to wheat, soy, corn, fish, and shellfish.

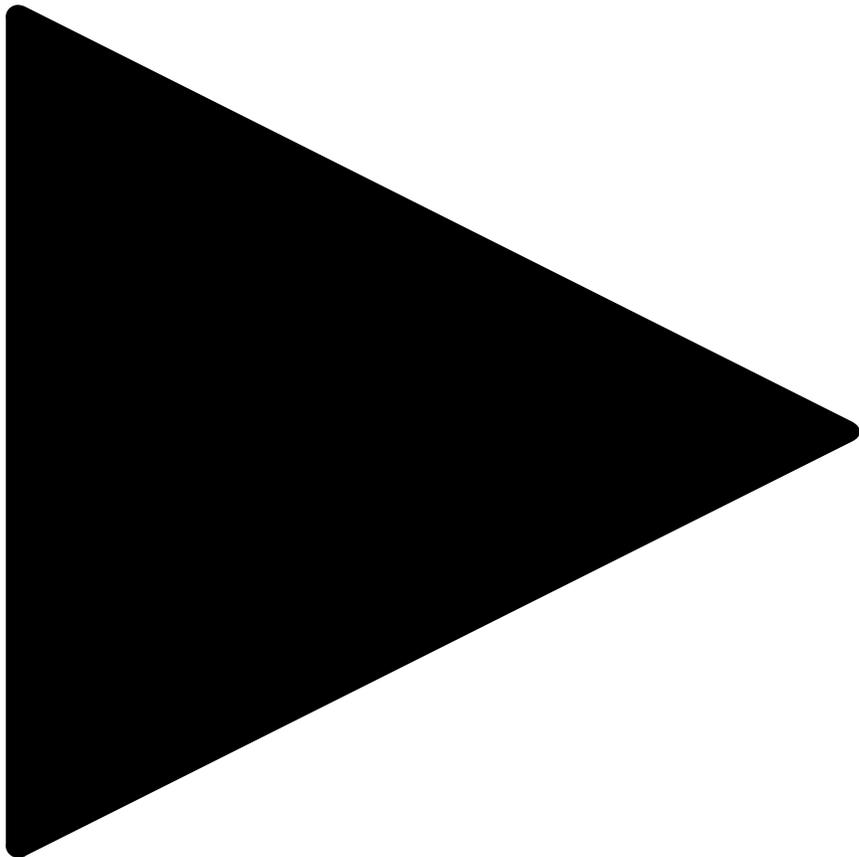
Health concern

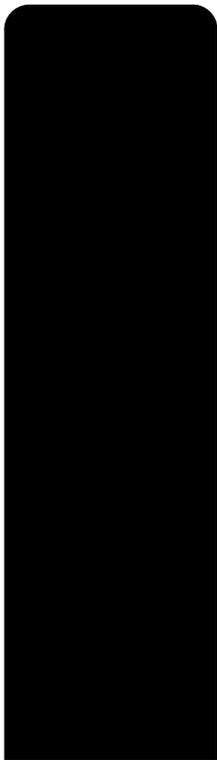
The **major health concern** is that **African-American** and **Hispanic** children had significantly higher rates of **food-induced anaphylaxis** and were at increased risk of emergency room visits for food allergy-related reactions compared to White children. This is an important heads-up for parents to give them information: being alert to the triggers, knowing what to watch for, and having a plan of action.

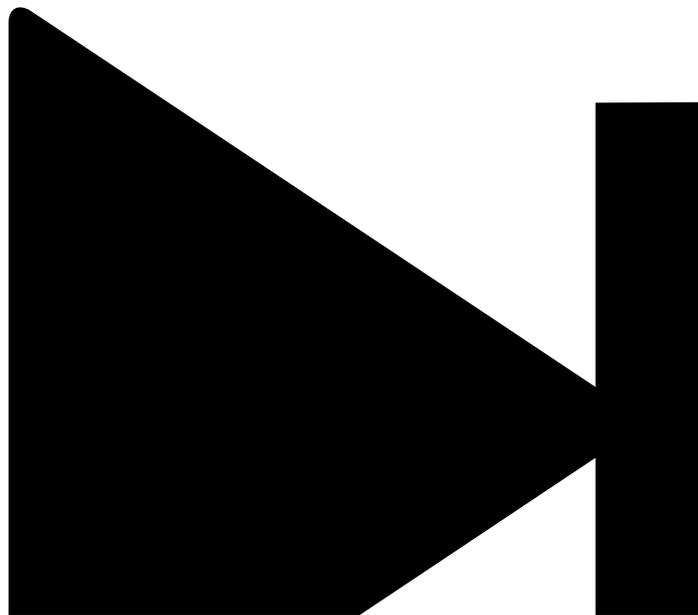


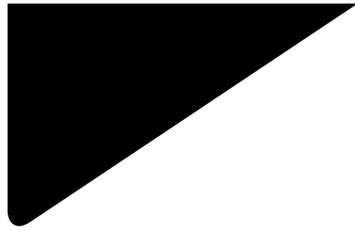












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Immune response

Food allergy is a **cascading immune system response** that occurs soon after eating even a small amount of a particular food. The **allergic reaction** can show up as red spots, itching hives, welts, breathing and stomach problems, anaphylaxis, or shock. In the U.S., food allergy affects 8% of children with a cost of \$24.8 billion annually.

Antihistamines

Antihistamines can be one line of treatment for prevention at the early onset of symptoms. They have multiple therapeutic uses and are indicated for allergic reactions, insomnia, rash, nausea, and vomiting. They work as an **antagonist medication** by blocking the **histamine-1 receptor**. Side effects include sedation, dizziness, dry mouth, blurred vision, constipation, and urinary retention. Parents need to be alert to the fact that this class of antihistamine drugs can cause hyperactivity in some children. If a more serious reaction occurs, treatment may include the auto self-injection of epinephrine. This requires a physician's order. If in an emergency situation, contact 911 or go to the nearest emergency room.

Have a plan

Medications are most effective when started before the onset of symptoms. If your child is newly diagnosed, carry medications with you at all times. The reasons as to **the ethnic differences** and **food allergens** are unclear, and more research needs to be conducted to develop culturally-sensitive and effective educational programs to improve food allergy outcomes for all children.